

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF IOWA

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IN THE MATTER OF THE :
APPLICATION FOR LICENSURE :
OF DOUGLAS H. CORNELIUS, M.D., : CONSENT AGREEMENT
APPLICANT

* * * * *

COMES NOW the Iowa State Board of Medical Examiners (hereinafter called the Board) and Douglas H. Cornelius, M.D. (hereinafter called the Applicant) and agree to the issuance of a license to practice medicine and surgery in Iowa under the following terms and conditions of probation to be in effect until May 1, 1993.

1. The Applicant shall abstain from the use of alcohol.
2. The Applicant shall not use any controlled or prescription drug in any form unless prescribed for him a duly licensed treating physician, or other person authorized to prescribe drugs. The Applicant shall inform any treating physician, or other person authorized to prescribe drugs, of the terms of this Consent Agreement.
3. The Applicant shall submit to witnessed blood and/or urine samples on demand by a designee of the Board. The samples shall be used for alcohol and drug screening, all costs of which shall be paid by the Applicant.
4. The Applicant shall attend at least one (1) meeting of Alcoholics Anonymous or a similar organization weekly.

5. The Applicant shall continue treatment or counseling with an approved physician or counselor until discharged and discharge is approved by the Board.

6. The Applicant shall submit the names and curriculums vitae of three (3) physicians or counselors for approval within ten (10) days of the acceptance of this agreement by the Board. As a condition of approval, each physician or counselor shall agree to submit to the Board a report concerning the Applicant's treatment on a quarterly basis and as otherwise requested.

7. The Applicant shall submit sworn quarterly reports stating that there has been compliance with all the terms of this Consent Agreement. The quarterly reports shall include:

(a) A statement that the Applicant has abstained from the use of alcohol.

(b) A statement that the Applicant has abstained from the use of all controlled or prescription drugs not prescribed for him by another duly licensed treating physician, or other person authorized to prescribe drugs, and a list of any controlled or prescription drugs prescribed for by another duly licensed treating physician, or other person authorized to prescribe drugs. The list shall include the name and amount of the drug prescribed, the date of the prescription and the name of the person prescribing the drug.

(c) A list of all meetings of Alcoholics Anonymous or a similar organization the Applicant has attended to include:

(1) Written documentation of the Applicant's attendance at each meeting signed or initialed by another person in

attendance; and,

(2) The date, time and location of each meeting attended.

8. The Applicant shall make appearances annually and/or upon request before the Board or a committee of the Board. The Applicant shall be given reasonable notice of the date, time and place for appearances.

9. The Applicant shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

10. In the event the Applicant leaves Iowa to reside or to practice outside of the state, the Applicant shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside of Iowa will not apply to the duration of this Consent Agreement.

11. In the event the Applicant violates or fails to comply with any of the terms or provisions of this Consent Agreement, the Board may initiate appropriate action to revoke or suspend the Applicant's license or to impose other licensee discipline as authorized in Iowa Code sections 148.6(1) and 258A.3 and rule 653-12.2 Iowa Administrative Code.

12. Upon full compliance with the terms and conditions set forth in this Consent Agreement and upon expiration of the period of probation, Applicant's license shall be restored to its full privileges free and clear of the terms of the probation.

13. This Consent Agreement is subject to approval of the Board. If the Board fails to approve this Consent Agreement, it shall be of no force or effect to either party.

14. This Consent Agreement is voluntarily submitted by the

Applicant to the Board for consideration.

Douglas H. Cornelius, M.D.

Subscribed and sworn to before me on this 9th day of July, 1991.



Charilyn L. Steck
Notary Public in and for the
State of Iowa

This Consent Agreement is accepted by the Iowa State Board of Medical Examiners on the 16th day of July, 1991.

C. Peterson D.D.
C.L. Peterson, D.O., Chairman
Iowa State Board of Medical
Examiners

Subscribed and sworn to before me on this 19th day of July, 1991.

P 446 794 705
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Douglas H. Cornelius, M.D. Marian Health Center 801 Fifth St. Sioux City, IA 51101	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$

Judith M. Brooks
Notary Public in and for
the State of Iowa

additional services are desired, and complete the following to do this will prevent the card from being voided. Consult postmaster for fees and services available.

1. ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

Article Number
P 446-794-705

Always obtain signature of addressee or agent and return to sender (ONLY if requested and the addressee is not a minor)

RETURN RECEIPT REQUESTED

U.S.G.P.O. 1989-234-555

June 1985

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF IOWA

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IN THE MATTER OF THE APPLICATION :

FOR LICENSURE OF : ORDER
DOUGLAS H. CORNELIUS, M.D., : CA-91-003
APPLICANT

* * * * *

NOW ON April 29, 1993 BE IT REMEMBERED:

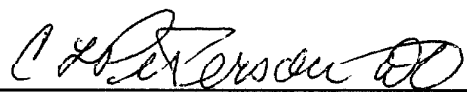
1. That on July 16, 1991, a Consent Agreement was entered into between Douglas H. Cornelius, M.D., (hereafter the Applicant) and the Iowa State Board of Medical Examiners, (hereafter the Board) authorizing the issuance of a license to practice medicine and surgery to the Applicant under certain terms and provisions and;

2. That the Applicant having complied with the terms and provisions of the agreement and;

3. That the Board having directed that the said Consent Agreement should be terminated;

IT IS HEREBY ORDERED:

That the Consent Agreement entered into between the Applicant and the Board on July 16, 1991, shall be terminated effective at 0001 hours May 1, 1993.


C.L. Peterson, D.O. Chairperson
IOWA STATE BOARD of MEDICAL EXAMINERS
1209 East Court Avenue
Des Moines, Iowa 50319-0180